SUMMARY NOTES

Maine Quality Forum Advisory Council
November 13, 2009

Present: James Case; Josh Cutler; Jeff Holmstrom; Frank Johnson; Robert Keller (Chair); Maureen Kenney, James Leonard; Becky Martins, Lisa Miller, Al Prysunka, Peter Schultz, and David White

Item	Discussion	Decision/Action	Date Due
September 18, 2009 Minutes	Minutes of the September 18, 2009 meeting of the Maine Quality Forum were reviewed.	Minutes approved as distributed	
Health Information Technology	Josh Cutler reviewed major developments in the area of HIT. $34B has been reserved in the Recovery Act for incentives to providers for the "meaningful use" of HIT, a term to be defined by the Office of the National Coordinator. Another $2B is reserved for grants for (a) health information exchange and (b) technical assistance through regional extension centers. Josh reported that Maine was pursuing a coordinated effort to develop a proposal for the health information exchange (see below, State HIT Plan).	Information only; no action required	
Maine HealthInfoNet			
State Health Information Exchange	Jim Leonard described the State Health Information Exchange HIE) Cooperative Agreement Program, a federal initiative to help states and Qualified State Designated Entities (SDEs) develop or align electronic information exchange within and across states, and ultimately throughout the health care system. The Maine Governor's Office Health Policy and Finance (GOHPF) is currently developing its application for funding in partnership with MaineCare, the Maine Quality Forum, and HealthInfoNet. Funds will be used to: • Develop and implement privacy and security requirements for HIE; • Develop directories and technical services that enable interoperability across providers and states; • Coordinate with Medicaid and public health programs to enable	Information only; no action required.	Grant awards expected early 2010

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	information exchange; • Ensure effective models for HIE governance and accountability; and • Convene health care stakeholders to build consensus and trust on matters pertaining to HIE. A pre-requisite of funding is the submission of a Strategic Plan and the creation of an Office of State HIE Coordination. The HITECH Act also provides incentive payments under Medicare or Medicaid for eligible providers who have adopted certified EHR systems and who meet statutory requirements for "meaningful use". States will administer the Medicaid portion of incentives while the Centers for Medicare & Medicaid will be responsible for incentives related to Medicare. Based on the federal definition, states will determine practices qualifying for "meaningful use" of HIE. Jim previewed a working draft of an operational structure for the Office of State HIE Coordination. In response to working committees and roles of HealthInfoNet, Jim indicated that every effort was being made to establish joint committees where possible and to otherwise distinguish the policy and oversight role of the State Office from that of operations.		
Regional Extension Center	Dev Culver described plans for Maine and New Hampshire to jointly apply for designation and funding as a Regional Extension Center under monies made available through the Recovery Act. This grant will facilitate the adoption and use of EHRs by providing technical assistance and the capacity to exchange health information. Seventy centers will be designated nationally, each of which is expected to provide individualized technical assistance within a defined geographic area to at least 1000 PCPs in the first two years of the four-year grant. Payment to Regional Extension Centers is based on their ability to build infrastructure and a core set of services, such as: • Participate in the National Learning Collaborative • Assist with vendor selection and group purchasing • Assist with implementation and project management • Advise on practice and workflow redesign	Information only; no action required.	Preliminary application due 12/22; if accepted, full application due 3/10; if approved, implementation to begin 5/10.

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	• Share privacy and security best practices • Provide support to the local workforce The Act prioritizes access to HIT for historically underserved and other special needs populations , and the use of the technology to achieve reductions in health disparities.		
Person-Centered Medical Home Pilot	Josh reported that 26 practices (22 adult; 4 pediatric) are participating in the pilot to revitalize primary care and improve chronic disease management. Not all private payers have agreed to negotiate special rates with participating practices. Medicaid is participating and Medicare recently announced its intention to participate in state-based pilots. Josh indicated that Maine should be very well positioned to be a competitive candidate. The solicitation is expected in December 2009 with actual start date in the third quarter of 2010.	Information only; no action required	Proposal due early 2010
Healthcare associated infections	Josh stressed the importance of this issue both as a major problem in healthcare and the level of public interest surrounding it. In accordance with legislative action last session, the MQF is required to (a) define "high risk" with respect to drug-resistant organisms and (b) survey Maine hospitals on prevention programs for drug-resistant organisms. A workgroup was convened by the MQF to advise the agency on a suitable definition. Recognizing that risk of MRSA is not the same in all Maine communities, the workgroup recommended a compromise position proposing common categories of patients to be screened upon admission to any Maine hospital. They further advised that a retrospective review of MRSA patients be conducted to validate the proposed categories. In their survey of Maine hospitals to determine current practice, the workgroup found large variations. Some hospitals prospectively identified patients based on the hospital's history of MRSA. Others screen all cardiac patients. Some do active surveillance throughout the hospital while others do nothing.	Information only; no action required	

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	A major deterrence to screening is cost which averages between $20-$40 per test. While evidence suggests that active screening is essential, this one-pronged approach alone is insufficient to eradicate MRSA. Josh informed the Council that the Federal CDC received funds from the Recovery Act for states to become more active in this issue. Maine has been awarded $967,000 to: • Enhance CDC capacity to support efforts , such as the Maine Infection Control Collaborative • Bring everyone on the same reporting platform		
Dirigo	Karynlee Harrington reported on activities within the Dirigo Health Agency: • **Funding**: In its last session, the legislature authorized a cash advance to the agency to correct a cash flow problem created by the lag time in the SOP payments (paid into the agency 60 days at the close of each quarter). The legislature passed PL 359, which includes an access payment. As a result the Agency will receive revenue monthly. FY10 is a transition year-out of the old financing mechanism and into the new. During this FY the DirigoChoice program remains closed to new enrollment. The law requires the advance to be paid back by June 30, 2010. The Agency is paying down the advance in SFY10. One issue the Agency is closely monitoring and the Board reacted to earlier in the summer is lower attrition rates than forecasted (based on historical trends) and therefore creating pressure on the subsidy expense. As a result the Board made the decision to adopt a series of eligibility changes effective January 1, 2010. • **Voucher program**: The Business Advisory Committee (payors, insurers, consumers, insurance brokers, employers) held its first meeting October 19th. The agenda and materials reviewed are posted on the Dirigo Health Agency website. The recommendation of the group at large is to leverage the existing DirigoChoice infrastructure where it makes sense for the voucher program. The voucher program is for uninsured, low-income, part time/seasonal workers, working for large employers that are offered employer sponsored insurance. The Agency and GOHPF are talking with	Information only; no action required	

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	large employers to better understand barriers etc. More to come. • **Year 04 AMCS/ Savings Offset Payment**: The SOP was repealed as of October 09; however, SOP 4 revenues will be collected for two months before the access payment goes into effect. Because the Superintendent remanded AMCS 4 back to the Board and SOP 4 is based on AMCS 4 savings the Board will hold an adjudicatory hearing December 16-17 to determine AMCS for year 4. • **Dirigo Choice**: Three entities submitted Intent to Bid Forms; one is currently not actively marketing in the state. Full proposals are due November 16, 2009.		
Public Comments	Chairman Keller requested comments from attendees. No one came forward and the meeting adjourned at noon.		
Next Meeting	The next meeting is scheduled for Friday, January 8, 2010		